



PENDER COUNTY PLANNING AND COMMUNITY DEVELOPMENT

APPLICATION TYPE: **REVISIONS**

(PLEASE PRINT CLEARLY & ANSWER ALL QUESTIONS)

PERMIT NUMBER: _____ DATE: _____

PROJECT ADDRESS: _____ CITY/STATE/ZIP: _____

CONTRACTOR'S NAME: _____ PHONE NUMBER: _____

INDICATE WITH AN 'X' WHAT REVISIONS ARE APPLICABLE:

____ ZONING ____ BUILDING ____ ELECTRICAL
____ PLUMBING ____ MECHANICAL

DOES THE REVISION CHANGE OR INCREASE THE SQUARE FOOTAGE FROM WHAT WAS PREVIOUSLY APPROVED ON THE ORIGINAL APPLICATION? YES ____ NO ____ (IF YES, EXPLAIN)

DOES THE CHANGE INCREASE NUMBER OF BEDROOMS? YES ____ NO ____ (IF YES, MAY NEED TO REVISIT ENVIRONMENTAL HEALTH FOR APPROVAL)

BRIEFLY PROVIDE A DETAIL DESCRIPTION OF THE REVISIONS: _____

NOTE: PLANS MAY NEED TO BE RE-REVIEWED, IF DETERMINED THAT REVISIONS HAVE BEEN "SUBSTANTIALLY" MODIFIED AND MAY NEED A NEW APPLICATION.

PRINT NAME: _____ SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

IS ENVIRONMENTAL HEALTH APPROVAL REQUIRED? YES / NO

DO PLANS NEED TO BE RE-REVIEWED? YES / NO

ADDITIONAL FEES REQUIRED? YES / NO

PLANS RE-REVIEWED AND APPROVED BY: _____

COMMENTS: _____

PERMIT TECHICIAN'S INITIALS: _____

DATE: _____